

Title	Caregiver Information Form (approve Form JV-290)
Summary	California Welfare and Institutions Code section 366.21 (b) requires that foster parents and relative caregivers receive notice of dependency status review hearings. They may attend all hearings or submit any information they deem relevant to the court in writing. The proposed Caregiver Information Form would give foster parents and relative caregivers the option of providing information for juvenile court hearings in a uniform manner.
Source	Family and Juvenile Law Advisory Committee
Staff	Regina Deihl, (415) 865-7646
Discussion	<p>This proposal is aimed at implementing the federal and California laws relating to the inclusion of information by foster parents and relative caregivers in the juvenile court decision making process. The federal Adoption and Safe Families Act (ASFA), passed by Congress in 1997, requires that foster parents (including preadoptive parents) and any relative providing care for a child must be given notice and the opportunity to be heard in any review or hearing to be held with respect to the child. California Welfare and Institutions Code section 366.21(b) requires that foster parents and relative caregivers receive notice of status review hearings. The notice must state that the foster parents or relative caregivers may attend all hearings or submit any information they deem relevant to the court in writing.</p> <p>Given limited judicial resources and time, it is important that caregivers who wish to present information to the court do so in a concise manner. However, minimal education and training has been available to assist foster parents and relative caregivers regarding the kind of information they have which may assist the court and on appropriate ways to present it. The proposed optional Caregiver Information Form is intended to provide caregivers with a structured format in which to present the information.</p>

Attachment

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY
DRAFT-4	CASE NUMBER:

CAREGIVER INFORMATION FORM

- Child's name:
Child's date of birth: _____ age: _____
- Name of caregiver:
Address and telephone number (unless confidential):
Type of caregiver: ☐ Foster Parent ☐ Relative ☐ Other:
- Child has been living in my home for _____ years _____ months.
- CURRENT STATUS OF MEDICAL / DENTAL / GENERAL PHYSICAL HEALTH**
☐ There is no new or additional information since the last court hearing.
☐ Since the last court hearing, new or additional information is as follows:

- CURRENT STATUS OF EDUCATION**
☐ There is no new or additional information since the last court hearing.
☐ Since the last court hearing, new or additional information is as follows:

- The child ☐ is ☐ is not a special education student.
- Do you know the date of the last Individual Education Plan? ☐ YES ☐ NO
If yes, please provide the date: _____

- CURRENT STATUS OF ADJUSTMENT TO LIVING ARRANGEMENT**
☐ There is no new or additional information since the last court hearing.
☐ Since the last court hearing, new or additional information is as follows:

(Continued on reverse)

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NAME OF CAREGIVER:	CASE NUMBER:
NAME OF CHILD:	

9. **CURRENT STATUS OF SOCIAL SKILLS / PEER RELATIONSHIPS**

- ☐ There is no new or additional information since the last court hearing.
- ☐ Since the last court hearing, new or additional information is as follows:

10. **CURRENT STATUS OF SPECIAL INTERESTS / ACTIVITIES**

- ☐ There is no new or additional information since the last court hearing.
- ☐ Since the last court hearing, new or additional information is as follows:

11. **OTHER HELPFUL INFORMATION**

- ☐ There is no new or additional information since the last court hearing.
- ☐ Since the last court hearing, new or additional information is as follows:


12. **VISITATION:**

If you supervise visits between the child and the child's family members, please attach the most recent visitation log(s) to this form.

- ☐ If you need more space to respond to any section above, please check this box and attach additional pages.
- Number of pages attached (*specify*): _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

		
(TYPE OR PRINT NAME)		(SIGNATURE OF CAREGIVER)